

EDITORIALS

Government's initial response to Mid Staffordshire report

Something old, something new, something borrowed, some things worryingly missing

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The message that Robert Francis took from his two inquiries into the events at Mid Staffordshire was that patients should become “the first and foremost consideration of the system and everyone who works in it.”^{1 2} In its initial response, the government has accepted most of his 290 recommendations, “either in principle or in their entirety.”^{3 4} More detail is promised for later, but *Patients First and Foremost* sets out the government's key early priorities.

Some of the government's responses—such as a wholesale rethink of nursing recruitment and training—map closely on to Francis's recommendations. But others are completely new, surprisingly, given that there are so many well thought out recommendations to choose from. Several are lifted directly from the inspection regime of English schools—the most headline grabbing one being a chief inspector responsible for issuing ratings. The Care Quality Commission will appoint the chief inspector, who “will become the nation's whistleblower—naming poor care without fear or favour from politicians, institutional vested interests, or through loyalty to the system rather than the patients that it serves.” Because the evaluations will depend heavily on inspections by the commission, which has its own chief executive, it's hard to discern the justification for this new role. Any potential applicants relishing the prospect of telling truth to power could usefully study the histories of two chief inspectors of prisons, Stephen Tumim and David Ramsbotham, who did just that.

The second direct lift from the educational sector will be “a single, clear rating” for hospitals, which could be “outstanding,” “good,” “requiring improvement,” or “poor.” The aspiration is to provide “a single version of the truth.” This is despite the NHS's previous experiences with rating hospitals.⁵

The collection and dissemination of useful data is one of the main themes of the government's response, as it was of Francis's public inquiry. It's not yet entirely clear who will be collecting what, but the commitment to make public as much of it as possible is commendable. A one third reduction of “paperwork, box ticking, and duplicatory regulation and information burdens,” is promised, with the Health and Social Care

Information Centre becoming the single national hub for collecting information.

But just as the bonfire of “redundant” data returns is lit, new requirements for data collection are springing up in their place. Because the publication of individual outcomes has been “hugely successful” in driving up standards in heart surgery, the NHS Commissioning Board will now extend this openness on outcomes to other surgical specialties. In addition, responses will be collected routinely on whether patients and staff would recommend their hospital, and these data will form an important component of the chief inspector's composite rating. (Careful thought needs to be given to how to minimise the possibility of gaming by hospitals.)

Several of Francis's recommendations imply that all providers of services to NHS patients (not only NHS providers) should be held to identical standards, including the requirements for data collection and sharing. This seems wise, given the recent unhappy history of the regulatory leeway given to independent sector treatment centres, foundation trusts, and private suppliers of services to NHS patients. Taking the NHS shilling should entail the same contractual obligations and regulatory burdens for all, so it's disconcerting to discover that “outstanding hospitals will be given freedom from regulatory bureaucracy.”

Francis was struck by how few healthcare workers spoke out about the abuses that were so clearly on display. The government makes the right noises about duties of candour and protection for those who raise concerns about patient care, but the topic warrants the “full and collective consideration” that the government has promised for Francis's knottier problems. In a recent editorial, Brian Jarman provided some of the context for doctors' reticence in coming forward with concerns, relating it to the ascendancy of management over the past 30 years.⁶ Yet the “official” advice is unequivocal. The General Medical Council directs doctors to act on concerns about patient safety and to refuse to sign contracts that attempt to prevent them from doing so. The NHS Constitution Handbook contains detailed advice on whistleblowing, including how to escalate a concern. Underlining this, the secretary of state for health has recently written to trusts reminding them that their whistleblowing

policies must comply with the Public Information Disclosure Act. Guidance will be updated to make clear that any compromise agreements must include an explicit statement that “nothing within the agreement prevents the parties from making a protected disclosure in the public interest.” The secretary of state has announced that the era of gagging NHS staff from raising concerns about patient care must end. However, all these fine words are scattered around in different places. The government, along with healthcare workers’ regulatory bodies, unions, and employers, needs to agree a description of rights and obligations that appears in the one place that really matters: the contract of every healthcare worker.

The proximate cause of the problems at Mid Staffs was the reduction of an already depleted nursing establishment to build up a financial war chest in preparation for its application for foundation trust status. In its response, the government accepts that the pursuit of foundation status became a distraction from the quality of care. And a solemn statement of common purpose intones that “Blind adherence to targets or finance must never again be allowed to come before the quality of care.” So it’s odd that the government has ducked Francis’s suggestion for the single measure that might have nipped these problems in the bud: mandatory minimum staffing levels and skill mix. The government has lamely responded that these could reduce flexibility or lead to organisations aiming for the minimum. But in an accompanying editorial, Allyson Pollock and David Price argue that there is more to this than meets the eye.⁷

Will Francis’s report suffer the usual fate of the English public inquiry, with the government doing what it was intending to do anyway, while politely ignoring the recommendations that don’t fit? Because this is only the government’s initial response it’s too early to say.

Competing interests: I have read and understood the BMJ Group policy on declaration of interests and declare the following interests: None.

Provenance and peer review: Not commissioned; not externally peer reviewed.

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Cite this as: *BMJ* 2013;346:f2209

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